

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 101705874 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

5/25/07

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51	1					
2							52		1				
3				1			53	1					
4				1			54	1					
5				1			55		1				
6							56		1				
7				1			57		1				
8				1			58		1				
9				1			59						
10				1			60						
11				1			61						
12				1			62						
13				1			63						
14			1				64						
15				2			65						
16			1				66						
17							67						
18				4			68						
19				1			69						
20				1			70						
21				1			71						
22				4			72						
23				4			73						
24				4			74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87	1					
38				1			88						
39			1				89		1				
40				1			90	1					
41				1			91						
42			1				92						
43			1				93						
44				1			94						
45				1			95						
46				1			96						
47				1			97						
48				1			98						
49				1			99						
50				1			100						
TOTAL IND.							TOTAL IND.	9					
TOTAL DEP.							TOTAL DEP.	47					
TOTAL CLAIMS							TOTAL CLAIMS	56					

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